

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90219 047 \*\*\*\*55.00

**DOCUMENT # L01000017254**

1. Entity Name  
**MATIRA, L.L.C.**

Principal Place of Business  
~~601 BRICKELL KEY DRIVE, SUITE 507~~  
~~MIAMI FL 33131~~

Mailing Address  
~~C/O IVAN A. GOMEZ, P.A.~~  
~~601 BRICKELL KEY DRIVE, SUITE 507~~  
~~MIAMI FL 33131~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6401 S.W. 87 AVENUE**  
 Suite, Apt. #, etc.

3. Mailing Address  
*Same as Principal Place*  
 Suite, Apt. #, etc.

**SUITE 202**  
 City & State

City & State

4. FEI Number  
**65-1144925**

Applied For  
 Not Applicable

**MIAMI, FL 33**  
 Zip Country  
**33173 U.S.A.**

Zip Country

5. Certificate of Status Desired **XX** **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAG CORPORATE SERVICES, INC.**  
**C/O IVAN A. GOMEZ, P.A.**  
**601 BRICKELL KEY DRIVE, SUITE 507**  
**MIAMI FL 33131**

Name  
*Ronald A. Figueroa CPA*  
 Street Address (P.O. Box Number is Not Acceptable)  
*6401 SW 87 Ave*  
*Suite 202*  
 City **FL** Zip Code **33173**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Ronald A. Figueroa CPA*

*4/30/2002*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Ronald A. Figueroa*

*(305) 273-1344*  
*305-371-9212*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)